

JUBILEE HOMES OF SYRACUSE, INC. RENTAL APPLICATION

119 SOUTH AVENUE
SYRACUSE, NY 13204

(315) 428-0070 Office (315) 428-0461 Fax

Website: www.jubilee-homes.org

Email: jubileehomeshousing@gmail.com

Date Application received: _____ (staff's use only)

Please answer all questions. Failure to answer all questions may result in a delay in the processing of your application. All answers and responses are strictly confidential and will not be used for any purpose other than to determine your eligibility for this program and census reports.

Name of Applicant: _____ Drivers License/State ID # _____

Social Security # _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Present Address: _____

City _____ State _____ Zip _____

Years there _____ (Circle One) Rent, Own, Other _____

If less than 2 years, previous address: _____

Years there _____ (Circle One) Rent, Own, Other _____

Name of Co- Applicant: _____ Driver's License/State ID # _____

Social Security # _____ Date of Birth _____

Do you or anyone in your family have business ties with any City official or employee of Jubilee Homes of Syracuse, Inc. or Time of Jubilee?

Yes _____ No _____

PLEASE ANSWER THE FOLLOWING:

Applicant

Co-Applicant

Have you ever been charge and/or convicted of Misdemeanor or Felony?

If so please state charges and outcome: _____

Including yourself, please list all persons in your household below: (You may use an additional sheet of paper if necessary)

<u>Name</u>	<u>Age</u>	<u>Relation to you</u>
1. _____		Self
2. _____		
3. _____		
4. _____		
5. _____		

EMPLOYMENT & INCOME INFORMATION

SOURCE OF INCOME (Fill in all that applies):

EMPLOYMENT:

APPLICANT:

Name of Employer _____ How long employed? _____

Address _____

City, State, Zip _____

Phone Number _____ Email _____

Supervisor Name _____

What is your job position? _____

Gross weekly _____ Bi-weekly _____ Gross Monthly _____

CO-APPLICANT:

Name of Employer _____ How long employed? _____

Address _____

City, State, Zip _____

Phone Number _____ Email _____

Supervisor Name _____

What is your job position? _____

Gross weekly _____ Bi-weekly _____ Gross Monthly _____

OTHER INCOME:

APPLICANT:

Start Date: _____ Type: _____ Monthly Amount: _____

CO-APPLICANT:

Start Date: _____ Type: _____ Monthly Amount: _____

OTHER:

Start Date: _____ Type: _____ Monthly Amount: _____

DOES ANYONE ELSE IN YOUR HOUSEHOLD RECEIVE INCOME? YES _____ NO _____

If so, Who? _____ Source _____ Monthly Amount _____

BANK ACCOUNT INFORMATION

Name of Bank: _____ Account # _____

Name of Bank: _____ Account # _____

Do you or anyone in your house currently receive Section 8 Housing Choice Vouchers? (If yes please state date effective and currently amount paid on your or family members behalf) _____ Yes _____ No

Dates Received: _____ Payment Amount: _____

Do you or anyone in your house currently receive assistance from Department of Social Services? (If yes please state date effective and currently amount paid on your or family members behalf) _____ Yes _____ No

Dates Received: _____ Payment Amount: _____

Residential Information:

Name of Current Landlord _____

Address of Current Landlord _____

City, State, Zip Code _____

Landlord Phone Number _____

Landlord Email _____

CURRENT MONTHLY RENT AND UTILITIES PAYMENT (Please write the amount)

RENT \$ _____

GAS & ELECTRIC \$ _____

Have you every behind more than 30 days past rent? (If yes please state why) _____ Yes _____ No

Have you broken a lease agreement before?(If yes please state why) _____ Yes _____ No

Have you ever been evicted? (If yes please state date and reason why) _____

Have you or anyone that visits your current home had bed bugs? _____ Yes _____ No

Have you or anyone that visits your current home had roaches or any other pest control issue? _____ Yes _____ No

OPTIONAL INFORMATION

NOTE: This information is obtained for statistical purposes only. Data will NOT be considered in determining applicant's eligibility.

Please check all that applied:

RACE: () American Indian/Alaska Native () Black/ African American () Asian () Native Hawaiian/Pacific Islander
() Latino/Hispanic () Native American () White () Other _____

HOUSEHOLD: () FEMALE HEADED () SINGLE () MARRIED () SEPERATED
() UNMARRIED COUPLE () DIVORCED

INCOME: (TO BE FILLED IN BY STAFF) () LOW-INCOME () VERY LOW () EXTREMELY LOW

IMPORTANT- APPLICANT READ BEFORE SIGNING

I/We are applying for the program indicated on this application. I represent that the property will not be used for any illegal or restricted purpose and that all statements made in this application are true and are made for the purpose of obtaining an apartment through Jubilee Homes of Syracuse, Inc. Verification may be obtained from any source named in this application, including but not limited to employment information, income information, social security or pension benefits, account information, ect.

Additionally, I/We hereby authorize Jubilee Homes of Syracuse, Inc. to obtain a consumer credit report from a credit reporting agency for the purpose of determining eligibility or counseling purposes.

I/We understand that it may be a federal crime punishable by fine or imprisonment or both, to knowingly make any false statements concerning any of the above facts as applicable under provisions of the United States Criminal Code.

Applicant's Signature

Date

Co- Applicant Signature

Date